



**Minnesota Board of Marriage and Family Therapy**

2829 University Avenue SE, Suite 400

Minneapolis, MN 55414-3222

Telephone: (612) 617-2220 Fax: (612) 617-2221

Email: [mft.board@state.mn.us](mailto:mft.board@state.mn.us)

Website: [www.bmft.state.mn.us](http://www.bmft.state.mn.us)

Hearing Impaired-Minnesota Relay Service: 1-800-627-3529

**APPLICATION FOR STATE LICENSURE EXAMINATION**

**Instructions:**

1. Type all answers or print in black ink.
2. Complete all sections. If a section is not applicable, enter N/A in the space provided.
3. If additional information is needed for any questions, please attach a separate sheet, clearly identifying the questions to which the answers apply.
4. Attach the application fee of \$110.00 to this application. All fees are non-refundable.
5. Mail completed application to:

Minnesota State Board of Marriage and Family Therapy  
2829 University Avenue SE, Suite 400  
Minneapolis MN 55414-3222

**Office Use Only:**

Application Fee: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Deposit #: \_\_\_\_\_

#### Rights of Subjects of Data

Under Minnesota statutes, section 13.41, subdivision 2 (1988), information you provide in this application, except for your name and address, is classified as private while you remain an applicant; that is, accessible only to you, the staff and members of the Board, the Board's council, and persons you designate. When you become licensed, the information in your file related to your licensure is classified as public under Minnesota Statutes, section 13.41, subdivision 4 (1988).

### Section I General Information

<b>NAME:</b> Last First Middle			<b>HOME PHONE #:</b>	<b>CELL PHONE #:</b>
<b>HOME ADDRESS:</b> (Street Address)		(City)	(State)	(Zip code)
<b>NAME OF BUSINESS OR AGENCY:</b>			<b>BUSINESS PHONE#:</b>	
<b>BUSINESS ADDRESS:</b> (Street Address)		(City)	(State)	(Zip code)
<b>Designated address for release to Public:</b> <input type="checkbox"/> Home <input type="checkbox"/> Business				
<b>Designated public phone number for release to Public:</b> <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell				
<b>Email Address:</b>				

#### National Examination Information:

**Score Received on National Examination:**

**Date National Examination Was Taken:**

## Section II

### Affirmation of Applicant

Attention: Please read the following paragraphs carefully before signing this application:

STATE OF MINNESOTA )  
 ) SS.  
COUNTY OF \_\_\_\_\_ )

I hereby apply for a license, under the laws and regulations governing marriage and family therapy licensure, and certify under penalty of perjury that all statements contained herein are true and correct to the best of my knowledge and belief; and that I am the person named in the credentials submitted, and the same were procured in the regular course of instruction, without fraud or misrepresentation; with full knowledge that all statements made in this application may be subject to investigation; and that any false or dishonest answers to any questions in the application may be grounds for refusal, or subsequent revocation or suspension, of my license.

I hereby acknowledge receipt of Minnesota Statutes, Sections 148B39, and related rules, and further that I have read these regulations. I understand that I am under a continuing obligation to keep informed of any changes to the law and rules governing marriage and family therapy licensure.

I hereby affirm that I have read the Code of Ethics adopted by the State of Minnesota Board of Marriage and Family Therapy. I agree to conduct all professional activities as a licensed marriage and family therapist in accordance with the Code of Ethics adopted by the Board.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My commission expires the  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

## Section III

### Supervised Experience Verification Form

#### Rights of Subjects of Data

Under Minnesota Statutes, section 13.41, subdivision 2 (1996), information you provide in this application, except for your name and address, is classified as private while you remain an applicant; that is, accessible only to you, the staff and members of the Board, the Board's counsel, and persons you designate. When you become licensed, the information in your file related to your licensure is classified as public under Minnesota Statutes, section 13.41, subdivision 4 (1996).

The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for licensure. You are not legally required to provide this information, but you cannot be licensed without doing so.

**Applicant:** Please fill in your name and your supervisor's name before giving this form to the individual verifying your supervised experience. Your supervisor must return this form to you, for inclusion with your application for licensure.

(You may make copies for this form as needed, to verify your supervised experience.)

#### **To be completed by applicant:**

Applicant's Name: \_\_\_\_\_  
Last, First, M.I

Supervisor's Name: \_\_\_\_\_  
Last, First, M.I.

**To be Completed by Supervisor:**

Type or print all answers in black ink. Complete all sections on the form. If a section is not applicable, enter N/A in the space provided.

**General Information**

Supervisor's Name: \_\_\_\_\_  
Last, First, M.I.

Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zip Code

Daytime Telephone Number(s) (\_\_\_\_) \_\_\_\_\_

Professional License Held: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Business and Address Where Supervision Took Place:

\_\_\_\_\_  
Business Name  
\_\_\_\_\_  
Street,  
\_\_\_\_\_  
City, State, Zip Code

This is a:

\_\_\_\_ Private Practice                      \_\_\_\_\_ Government Agency  
\_\_\_\_ Non-Profit or Charitable Organization                      \_\_\_\_\_ Educational Institution  
\_\_\_\_ Other – explain: \_\_\_\_\_

Nature of Clientele Served: \_\_\_\_\_  
\_\_\_\_\_

Nature of Applicant's Duties:  
\_\_\_\_\_  
\_\_\_\_\_

## Supervised Experience Information

In calculating two years of postgraduate, supervised experience in marriage and family therapy, the Board shall accept a minimum of 1000 hours of clinical client contact over a time period of not less than 24 months. Supervision must involve at least 200 hours of face-to-face contact between the supervisor and supervisee of which at least 100 hours must be in individual settings. At least 500 of the 1000 of client contact required must include therapy with unmarried couples, married couples, separating and divorcing couples, and family groups including children.

### Client Contact Hours:

The applicant has satisfactorily completed \_\_\_\_\_ hours of supervised clinical client contact in Marriage and Family Therapy under my supervision (a total of 1000 hours is required.)

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

This client contact experience included \_\_\_\_\_ hours of therapy with unmarried couples, married couples, separating and divorcing couples, and family groups including children (a total of 500 hours is required.)

### Supervision:

- (1) Your face-to-face contact with the applicant, giving assessment and evaluation of the applicant's clinical work, in individual settings (with not more than two supervisees present) included:

\_\_\_\_\_ Hours per week, for a total of \_\_\_\_\_ hours.  
(Must be at least 100 hours)

- (2) Your face-to-face contact with the applicant, giving assessment and evaluation of the applicant's clinical work, in group settings (not more than six supervisees present) included:

\_\_\_\_\_ Hours per week, for a total of \_\_\_\_\_ hours.  
(Must not exceed 100 hours)

The group contained \_\_\_\_\_ persons.

### Supervisor's Affirmation

**Attention: Please read the following carefully, before signing this form.**

State of Minnesota )  
 ) SS.  
County of \_\_\_\_\_ )

**I verify that I directly supervised the above named applicant and that the foregoing statements are true and correct to the best of my knowledge and belief. I have answered all questions on this form fully, completely, and without omission. I verify that the above named applicant has satisfactorily completed the supervised experience stated in this form.**

I hereby recommend \_\_\_\_\_ for licensure.  
(applicant)

**Signature of Supervisor**

**Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_**

## Notary Public

**Affix Notary Seal Here:**

**My commission expires the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.**

**This form is to be returned to the applicant for inclusion in his/her application for licensure.**

## Section IV

### Letter of Endorsement - #1

#### Rights of Subjects of Data

Under Minnesota Statutes, section 13.41, subdivision 2 (1996), information you provide in this application, except for your name and address, is classified as private while you remain an applicant; that is, accessible only to you, the staff and members of the Board, the Board's counsel, and persons you designate. When you become licensed, the information in your file related to your licensure is classified as public under Minnesota Statutes, section 13.41, subdivision 4 (1996).

The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for licensure. You are not legally required to provide this information, but you cannot be licensed without doing so.

**Applicant:** Please fill in your name and your endorser's name before giving this form to the endorser. Your endorser must return this form to you for inclusion with your application for licensure.

#### **To Be Completed By Applicant:**

Applicant Name: \_\_\_\_\_  
Last, First, MI

Endorser's Name: \_\_\_\_\_  
Last, First, MI

Endorsement Form – Page 1

## To Be Completed By Endorser:

Type or print all answers in black ink. Complete all sections on this form. If a section is not applicable, enter N/A in the space provided.

### General Information

Endorser's

Name: \_\_\_\_\_  
Last, First, MI

Mailing  
Address \_\_\_\_\_  
Street, City, State, Zip

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

1. Is the applicant or any member of his/her family related to you in any way?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
2. Are you an employee of the applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Qualifications of Endorser (Endorser must be a licensed marriage and family therapist)

1. Are you licensed by the Minnesota Board of Marriage and Family Therapy?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If no, go to question #2.  
If yes, state your license number: \_\_\_\_\_
2. If you answered "No" to the previous question, are you licensed as a Marriage and Family Therapist in another state whose licensure requirements are at least equivalent to the requirements for licensure in Minnesota? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please answer the following: State \_\_\_\_\_ License Number \_\_\_\_\_

### Endorsement of Applicant

1. Do you believe that this person is qualified to practice independently?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If no, please explain.
2. To the best of your knowledge, has this person violated any ethical standards of marriage and family therapy?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain

I hereby endorse the above named applicant as an individual of good moral character.

\_\_\_\_\_  
Signature of Endorser

\_\_\_\_\_  
Date

## Section IV

### Letter of Endorsement - #2

#### Rights of Subjects of Data

Under Minnesota Statutes, section 13.41, subdivision 2 (1996), information you provide in this application, except for your name and address, is classified as private while you remain an applicant; that is, accessible only to you, the staff and members of the Board, the Board's counsel, and persons you designate. When you become licensed, the information in your file related to your licensure is classified as public under Minnesota Statutes, section 13.41, subdivision 4 (1996).

The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for licensure. You are not legally required to provide this information, but you cannot be licensed without doing so.

**Applicant:** Please fill in your name and your endorser's name before giving this form to the endorser. Your endorser must return this form to you for inclusion with your application for licensure.

#### **To Be Completed By Applicant:**

Applicant Name: \_\_\_\_\_  
Last, First, MI

Endorser's Name: \_\_\_\_\_  
Last, First, MI

Endorsement Form – Page 1

## To Be Completed By Endorser:

Type or print all answers in black ink. Complete all sections on this form. If a section is not applicable, enter N/A in the space provided.

### General Information

Endorser's

Name:

Last,

First,

MI

Mailing

Address

Street,

City,

State,

Zip

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

1. Is the applicant or any member of his/her family related to you in any way?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
2. Are you an employee of the applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Qualifications of Endorser (Endorser must be a licensed marriage and family therapist)

1. Are you licensed by the Minnesota Board of Marriage and Family Therapy?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If no, go to question #2.  
If yes, state your license number: \_\_\_\_\_
2. If you answered "No" to the previous question, are you licensed as a Marriage and Family Therapist in another state whose licensure requirements are at least equivalent to the requirements for licensure in Minnesota? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please answer the following: State \_\_\_\_\_ License Number \_\_\_\_\_

### Endorsement of Applicant

1. Do you believe that this person is qualified to practice independently?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If no, please explain
2. To the best of your knowledge, has this person violated any ethical standards of marriage and family therapy?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain

I hereby endorse the above named applicant as an individual of good moral character.

\_\_\_\_\_  
Signature of Endorser

\_\_\_\_\_  
Date